| PART B - FEE(S) TRANSMITTAL | | | | | | | | |
|---|--|--|-----------------|---|---|---|---|--|
| í | Complete and send this form, together with applicable for | | | | Commissioner P.O. Box 1450 | JE FEE for Patents rginia 22313-1450 | | |
| | • • | | | or l | Fax (703) 746-4000 | • | | |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 throu appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating maintenance fee notifications. | | | | | | 1 5 should be completed where urrent correspondence address as a separate "FEE ADDRESS" for | | |
| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 09/21/2004 | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| Kelly K. Kordzik 100 Congress Avenue, Suite 800 Austin, TX 78701 11/02/2004 NNGUYEN2 00000179 090447 09803608 NOV 0 1 2004 | | | | | (| Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | |
| 11/ | VE/EUV4 MMUUTEME VVV | 00173 O30441 O3001 | λ | <u>4</u>) | | | (Depositor's name) | |
| | FC:1501 1370.00 | | * | X5/ | | | (Signature) | |
| 05 | C:1504 300.00 DA (Signa (C)) | | | | | | | |
| | APPLICATION NO. | FILING DATE | | FIRST NAME | D INVENTOR | ATTORNEY DOCKET | NO. CONFIRMATION NO. | |
| | 09/801,608 | 03/08/2001 | Lee Evar | | n Eisen | AT9-98-538 | 5319 | |
| | TITLE OF INVENTION: CI | RCUITS AND METHODS | FOR RECOVERI | NG LINK ST | CACK DATA UPON BRANC | CH INSTRUCTION MIS- | SPECULATION | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional | NO | \$1330 |) | \$300 | \$1630 | 12/21/2004 | |
| | EXAM | INER | ART UN | п | CLASS-SUBCLASS | \neg | | |
| | TSAI, HENRY | | 2183 | | 712-228000 | _ | | |
| 3 | . Change of correspondence address or indication of "Fee Addrest FR 1.363). Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached. | | Correspondence | For printing on the patent front page, lis (1) the names of up to 3 registered paten or agents OR, alternatively, (2) the name of a single firm (having as a | | tent attorneys 1 Ric | hard F. Frankeny stead Sechrest linick P.C. | |
| .) | PTO/SB/47; Rev 03-02 o Number is required. | on (or "Fee Address" Indica r more recent) attached. Us | e of a Customer | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 & Minick P.C. Mark E. McBurney | | | | |
| | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Rusiness Machines Corneration Armonk, NY 10504

| International Business Machines | Corporation Armonk, NY 10504 | | | |
|---|--|--|--|--|
| Please check the appropriate assignee category or categories (will not be | e printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🖵 Government | | | |
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | |
| Issue Fee | A check in the amount of the fee(s) is enclosed. | | | |
| ☐ Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. | | | |
| Advance Order - # of Copies | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | |
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| Authorized Signature | Date Oct. 22, 2004 | | | |
| Typed or printed name Kelly K. Kordzik | Registration No. 36,571 | | | |

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